

# CITY OF COUNCIL BLUFFS

## DOCTOR'S CERTIFICATE FORM

### **Disclosure of Personal Health Information**

In order for you to have your physician disclose the below medical information to the City of Council Bluffs you need to authorize the release of your private medical information in accordance with HIPAA Privacy regulations. Ask the staff at your physician's office or hospital to provide you with their form. The City will not pay any sick leave benefits for absences not properly documented on this form when the form is required\*.

### **ATTENDING PHYSICIAN'S STATEMENT**

I hereby certify that \_\_\_\_\_ was attended by me professionally at about \_\_\_\_\_ a.m./p.m. on the \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_.

At that time the patient was suffering illness or disability as follows:

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My recommendations concerning the patient's return to work are as follows:

Return to work on the \_\_\_\_\_ of \_\_\_\_\_, 20\_\_\_\_\_

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Return to work in their regular capacity with no restrictions

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Return to work with the following restrictions:

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The restrictions above (if applicable) shall continue:

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For \_\_\_\_\_ days.

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Until checked by physician in \_\_\_\_ days/weeks. Date of appointment: \_\_\_\_\_

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Permanently

_____ Date	_____ Signature of Attending Physician	_____ Office Phone
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### **\*WHEN DOCTOR'S CERTIFICATE IS REQUIRED**

This form is required when an employee is out of service for more than 2 consecutive days (or one 24-hour tour in the Fire Dept) or for an off the job injury of any duration. Employees who have used sick leave on 5 or more occasions in the last 12 month period (or 3 or more occasions in the Fire Dept.) must have this form completed for any sick leave in the next 12 month period. An additional certificate must be filed for each pay period in which the absence continues. See Attendance Policy 700:1-3, City Personnel Policies for full description.